


VACANCY NOTICE

CS-376
REV(11/01)

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

Description of Position	TITLE OF POSITION: LICENSING AIDE	CLASSIFICATION CODE: 02380300
	G 00015A (27542 - 29964)	REFERENCE POSITION NO.: 1830-10000-167
	Department or Agency Name BUSINESS REGULATION	APPLICATION PERIOD: 04/28/04 - 05/04/04
	Division/Section/Unit INSURANCE DIVISION	
	Assignment(s) / Comments	
	Shift and Days: MONDAY - FRIDAY 8:30 A.M. - 4:00 P.M.	Job Location: PROVIDENCE
	Restrictions/Limitations: LTPS 09/18/04	
	Position Covered By Collective Bargaining Union Agreement Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Name of Bargaining Unit Union: LOCAL 580	
	There is* <input type="checkbox"/> is not <input checked="" type="checkbox"/> a Civil Service List for this position See A/B or Both for Specific Instructions	
* NOTE: If there is a list, only laterals (employees with the same title) or individuals certified by OPA may be appointed to this position.		
General Information to Candidate	INSTRUCTIONS: A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position(s) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either <u>on the application</u> or <u>within a cover letter</u> , both the File Position Title and Number. Most Important - Please include the following information: <ul style="list-style-type: none"> The title of the position for which you are applying Name of department where you are currently employed Title of your present position and date you entered it Your business telephone number Date you entered State service Present Union Affiliations *** In certain agencies, bargaining union applicants will receive preferential consideration according to contract. B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT: If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application. C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS <ul style="list-style-type: none"> Reasonable Accommodations: If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position. Medical Information: Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA). 	
	DUTIES / RESPONSIBILITIES: To assist a superior by performing routine tasks incidental to the licensing of regulated business, occupations and professions; to assist in the review of applications and to ascertain compliance with statutory requirements and ascertain related regulations and the processing and issuance of licenses; and to do related work as required.	
	EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS: (A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.) Education: Such as may have been gained through: Graduation from a senior high school, including or supplemented by courses in typing and operation of computer terminal; and Experience: Such as may have been gained through: Employment in a responsible clerical position involving office tasks of a varied nature; <u>Or</u> , any combination of education and experience that shall be substantially equivalent to the above education and experience. Special Requirement:	
	Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14 application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to: Joseph Torti III Assoc. Director & Superintendent of Insurance Department of Business Regulation 233 Richmond Street, Suite 233 Providence, RI 02903	
	Telephone #: (401) 222-2246 Fax #: (401) 222-5475 TTY/TDD #: (401) 222-2999 (Telecommunication Device for the Deaf)	
		

STATE OF RHODE ISLAND IS AN EQUAL OPPORTUNITY/DIVERSITY EMPLOYER